



AGING AND DISABILITY SERVICES ADMINISTRATION  
Home and Community Based Waiver  
**ACKNOWLEDGMENT OF SERVICES**

APPLICANT'S NAME		ACES CLIENT ID NUMBER	
<p>The Home and Community based waiver offers the opportunity for eligible persons to receive specific Medicaid services necessary to prevent institutionalization of the recipient. These services are provided under a Medicaid waiver approved by the Centers for Medicare and Medicaid Services. These services are offered to persons identified by the department as eligible for nursing home care but who prefer to live at home or in the community.</p> <p>I have been informed of the alternatives to Nursing Home care that are available to me and I choose to receive:</p> <p><input type="checkbox"/> COPES waiver services</p> <p><input type="checkbox"/> Medically Needy waiver services</p> <p><input type="checkbox"/> Nursing Home services</p> <p><input type="checkbox"/> <b>I have refused waiver services.</b></p>			
APPLICANT'S SIGNATURE		DATE	
REPRESENTATIVE'S SIGNATURE	<input type="checkbox"/> Guardian <input type="checkbox"/> Representative	DATE	
SOCIAL WORKER/CASE MANAGER'S SIGNATURE		DATE	
AGENCY		TELEPHONE NUMBER (INCLUDE AREA CODES)	
<p>Below are your rights to a fair hearing.</p> <p>If you are denied waiver services, or if you are denied the waiver services of your choice, you have the right to request a Fair Hearing. You have 90 days from the date services are denied to request a hearing. You may request a Fair Hearing by writing to your local Home and Community Services Division office, local Area Agency on Aging, or by writing to: CHIEF, OFFICE OF ADMINISTRATIVE HEARINGS, MAIL STOP: 42489, DEPARTMENT OF SOCIAL AND HEALTH SERVICES, PO BOX 42489, OLYMPIA WA 98504-2489.</p>			